**World Bank Group Medical Insurance Plan (MIP)**

**A Guide to Preventive Care – Effective January 1, 2016**

The Bank Group’s Medical Insurance Plan (MIP) and Retiree Medical Insurance Plan (RMIP) covers preventive care services at 100% with no copayment *when this care is received from an in-network health care provider.*

What is “preventive care” and what services will receive 100% coverage when provided in-network? The following information will explain the types of services that qualify as preventive care, the criteria one must meet to qualify for 100% coverage and how you can work with your network physician to make sure your claims are filed correctly.

**Preventive Care Services**

The list of in-network preventive care services to be covered at 100% was developed as part of the Patient Protection and Affordable Care Act (the U.S. Health Care Reform legislation) and is based on recommendations from the U.S. Preventive Services Task Force. Lists of preventive care services for women, men, children and adolescents are included in this guide. Please be aware that these lists may change from time to time as changes are recommended by the U.S. Preventive Services Task Force. To verify coverage at 100%, you or your health care provider should call Aetna International at 1-800-723-8897 or, for members of the MIP International Option, Cigna International at +32-3-217-5798.

To receive 100% coverage:

* You must meet the age/gender/risk and other criteria outlined in the enclosed preventive services lists.
* The services must be prescribed and provided by a network health care provider.
* The services must be preventive in nature and not be provided to diagnose, monitor or treat an illness or injury.
* The main purpose of your visit must be to receive preventive care services.

**What You Can Do to Help**

Here are some steps that you can take to help make sure your in-network preventive care gets covered at 100% and that your network physician’s office submits the claim to Aetna.

* Make sure your physician is an Aetna network physician. If your care is provided at a diagnostic center, make sure the diagnostic center is in the network as well.
* Make sure that the main purpose for your appointment is to receive preventive care services. If other non-preventive services are received during the same office visit, you will most likely be charged a copay for the visit.
* Make the network physician’s office and billing staff aware that you have no copay for preventive services and that your health plan will cover the services at 100% if they are preventive in nature.
* Talk with your network doctor about which preventive services are appropriate for your age, gender and health status.
* Take advantage of this increased benefit by getting the age, gender and health status appropriate preventive care. The World Bank Group values its staff members and wants to keep you and your family healthy.

Note: If your in-network health care provider submits preventive care services with incorrect coding (a diagnostic code rather than a preventive care code), you will be subject to applicable copayments.

**Preventive Care Services for Women**

**Recommendations for screenings/counseling/immunization are made by the health care provider\***

**(\*This is particularly appropriate for genetic testing)**

| **Ages** | **Routine Physical** | **Screenings/Other Services** **Annually, unless other interval specified or when screening is performed only when patient is at high risk** | **Behavioral and Informational Counseling by a Physician** | **Immunizations and Medications** |
| --- | --- | --- | --- | --- |
| **18-20** | **Yes, includes annual Well-Woman Exam** | Screenings for:* High Blood Pressure
* Cervical Cancer (if sexually active & have cervix)
* Chlamydia infection (if sexually active)
* Depression
* Obesity
* Sexually-transmitted infections
* Genetic testing for BRCA, only if referred by a doctor and at increased risk
* Gonorrhea infection (f sexually active/at high risk)
* Healthy eating assessment
* HIV testing, if at high risk
* Syphilis testing (if at high risk)
* Type 2 Diabetes, every 3 years
* Human papillomavirus (HPV)
* Interpersonal and domestic violence

Other Services:* Sterilization procedures, including Essure sterilization implant and surgical sterilization (abdominal, vaginal or laparoscopic).
* Office visits for administration of contraceptive devices and cost of the contraceptive device, if billed by provider.
 | * Weight loss, if obese
* Tobacco use
* Alcohol abuse
* Counseling on preventive chemotherapy, if at high risk for breast cancer
* Referral for BRCA counseling if at increased risk
* Dietary counseling if at high risk for diet-related disease
* Interpersonal and domestic violence
* Contraceptive counseling (up to 2 visits per year)
 | * Hepatitis A – 2 doses
* Hepatitis B – 3 doses
* Herpes Zoster – 1 dose (age 60 and older)
* Human Papillomavirus (HPV) – ages 18 – 26
* Influenza (Flu) – Annually
* Measles, Mumps, Rubella – 2 doses
* Meningococcal – 1 dose
* Pneumococcal – 1 dose for those at risk
* Tetanus, Diphtheria, Pertussis (TdaP) – 1 dose, then Tetanus booster every 5-10 years
* Varicella (Chickenpox) – 2 doses, ages 19-65
* Generic Zyban (2 cycles per year, prescribed by doctor) for tobacco cessation
* Aspirin (physician prescribed) – age 55 to 79 years to reduce ischemic strokes (if potential benefit outweighs potential harm of increase in gastrointestinal hemorrhage).
* Prescriptions for generic and FDA-approved over-the-counter contraceptives to age 50.
* FDA-approved legend drugs or over-the-counter agents prescribed for bowel preparation for colonoscopy – age 50 to 75, up to 2 prescriptions per 365-days.
 |
| **20 – 40** | All services for ages 18 – 20 plus:High cholesterol screening, if at high risk for coronary heart disease, every 5 years |
| **40 – 50** | All services for ages 18 – 40 plus:Screening for breast cancer (mammography) every 1-2 yearsAt age 45 – high cholesterol screening, regardless of high risk or not, every 5 years |
| **50 – 60** | All services for ages 18 – 45 plus:Screening for colorectal cancer (fecal occult blood test annually; sigmoidoscopy or colonoscopy every 5-10 years) to age 75 | * Impregnated nets for mosquito prevention
 |
| **60 or older** | All services for ages 18 – 60, plus:Bone density screening (for osteoporosis), if at increased risk and routinely at age 65 |

**Preventive Care Services for Pregnant Women**

**Recommendations for screenings/counseling/immunization are made by the health care provider\***

**(\*This is particularly appropriate for genetic testing)**

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| --- | --- | --- | --- | --- |
| **Ages** | **Routine Physical** | **Screenings/Other Services** **Annually, unless other interval specified or when screening is performed only when patient is at high risk** | **Behavioral and Informational Counseling by a Physician** | **Immunizations and Medications** |
| **Pregnant Women** | **Yes, includes annual Well-Woman Exam** | Any services for appropriate age group, plus:* Routine prenatal office visits with OB/GYN, including initial and subsequent visits for covering history and physical examinations
* Rh (D) blood typing and antibody testing, at first pregnancy-related visit and at 24-28 weeks gestation
* Chlamydia infection screening
* Hepatitis B infection screening, at first prenatal visit
* Screening for iron deficiency anemia
* Syphilis testing
* Urine culture for bacteria, during first prenatal visit or at 12-16 weeks gestation
* HIV testing on the 3rd trimester
* Screening for gestational diabetes

Breast Feeding Support services including:* Rental of hospital-grade breast pump when baby detained in hospital.
* Purchase of standard electric breast pump (non-hospital grade) (if member did not receive standard electric or manual breast pump within past 3 years). Must be requested within 60 days of date of birth.
* Purchase of manual breast pump (if member did not receive standard electric or manual breast pump within past 3 years). Must be requested within 12 months from date of birth.
* One new set of breast pump supplies for breast pump from a prior pregnancy if not eligible for a new breast pump.
 | Any applicable counseling for appropriate age group, plus:Interventions to promote and support lactation/breastfeeding (up to 6 visits per year to qualified lactation consultant for either individual or group classes) | * Hepatitis A – 2 doses
* Hepatitis B – 3 doses
* Herpes Zoster – 1 dose (age 60 and older)
* Human Papillomavirus (HPV) – ages 18 – 26
* Influenza (Flu) – Annually
* Measles, Mumps, Rubella – 2 doses
* Meningococcal – 1 dose
* Pneumococcal – 1 dose for those at risk
* Tetanus, Diphtheria, Pertussis (TdaP) – 1 dose, then Tetanus booster every 5-10 years
* Varicella (Chickenpox) – 2 doses, ages 19-65
* Generic Zyban (2 cycles per year, prescribed by doctor) for tobacco cessation
* Aspirin (physician prescribed) – age 55 to 79 years to reduce ischemic strokes (if potential benefit outweighs potential harm of increase in gastrointestinal hemorrhage).
* Impregnated nets for mosquito prevention
 |

**Preventive Care Services for Men**

**Recommendations for screenings/counseling/immunization are made by the health care provider\***

**(\*This is particularly appropriate for genetic testing)**

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| **Ages** | **Routine Physical** | **Screenings/Other Services****Annually, unless other interval specified or when screening is performed only when patient is at high risk** | **Behavioral and Informational Counseling by a Physician** | **Immunizations and Medications** |
| **18-20** | **Yes** | * High Blood Pressure
* Depression
* Obesity
* Sexually-transmitted infections
* Healthy eating assessment
* HIV testing, if at high risk
* Syphilis testing(if at high risk)
* Type 2 Diabetes, every 3 years
* Sterilization procedure (vasectomy)
 | * Weight loss, if obese
* Tobacco use
* Alcohol abuse
* Dietary counseling if at high risk for diet-related disease
 | * Hepatitis A – 2 doses
* Hepatitis B – 3 doses
* Herpes Zoster – 1 dose
* Influenza (Flu) – Annually
* Measles, Mumps, Rubella – 2 doses
* Meningococcal – 1 dose
* Pneumococcal – 1 dose for those at risk
* Tetanus, Diphtheria, Pertussis (TdaP) – 1 dose, then Tetanus booster every 5-10 years
* Varicella (Chickenpox) – 2 doses, ages 19-65
* Generic Zyban (2 cycles per year, prescribed by doctor) for tobacco cessation
* Aspirin (physician prescribed) age 45 to 79 years to reduce myocardial infarctions (if potential benefit outweighs potential harm of increase in gastrointestinal hemorrhage).
* FDA-approved legend drugs or over-the-counter agents prescribed for bowel preparation for colonoscopy – age 50 to 75, up to 2 prescriptions per 365-days.
* Impregnated nets for mosquito prevention
 |
| **20 – 35** | All services for ages 18 – 20 plus:High cholesterol screening, if at high risk for coronary heart disease, every 5 years |
| **35 – 50** | All services for ages 18 – 35 plus:High cholesterol screening, regardless of high risk or not, every 5 years |
| **50 – 65** | All services for ages 18 – 50, plus:Screening for colorectal cancer (fecal occult blood test annually; sigmoidoscopy or colonoscopy every 5-10 years) to age 75Screening for prostate cancer (PSA blood test) |
| **65 and older** | All services for ages 18 – 65, plus:For men who have ever smoked, a one-time screening by ultrasonography for abdominal aortic aneurysm |

**Preventive Care Services for Children (Newborn to Age 10)**

**Recommendations for screenings/counseling/immunization are made by the health care provider\***

**(\*This is particularly appropriate for genetic testing)**

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| **Ages** | **Well Child Exam** | **Screenings (at specified ages)** | **Immunizations and Medications** |
| **Newborns****(Under 12 months)** | Yes – at 7-14 days; then at 1, 2, 4, 6, 9 months | * Congenital hypothyroidism (lack of thyroid secretions)
* Hearing
* PKU (phenylketonuria – an inherited metabolic deficiency)
* Sickle cell disease
 | **At birth, then at 1 - 4 months:*** Hepatitis B

**At 2 and 4 and 6 months:*** Diphtheria, Tetanus, Pertussis
* Haemophilus influenza type b (HIB)
* Inactivated Polio Virus (IPV) – at 2 and 4 months
* Pneumococcal (PCV)
* Rotavius (Rotateq) or Rotatrix at 2 and 4 months
* Influenza – 2 doses for first flu season

**At 6 – 12 months:*** Iron supplementation

**At 6 – 18 months:*** Hepatitis B
* Inactivated Polio Virus (IPV)

**At 6 months to 5 years:*** Prescription chemoprevention of dental caries, if water source deficient in fluorides

**At 12 - 15 months:*** Measles, Mumps, Rubella (MMR)
* Pneumococcal
* Varicella (Chickenpox)

**At 12 - 24 months:*** Hepatitis A (2 doses)

**At 15 - 18 months:*** Diphtheria, Tetanus, Pertussis
* Haemophilus influena type b (HIB)

**At ages 4 - 6:*** Diphtheria, Tetanus, Pertussis
* Inactivated polio virus (IPV)
* Measles, Mumps, Rubella (MMR)
* Varicella (Chickenpox)

**All ages:** * Impregnated nets for mosquito prevention
 |
| **12 to 15 months** | Yes – at 12 and 15 months | * Anemia (low red blood cell count)
* Behavioral problems
* Developmental problems
* Lead, if at high risk of exposure
 |
| **18 months** | Yes | * Autism
* Behavioral problems
* Developmental problems
 |
| **24 months/ 2 years to 30 months** | Yes – at 24 and 30 months | * Anemia (low red blood cell count)
* Autism
* Behavioral problems
* Developmental problems
* Lead, if at high risk of exposure
* Oral health assessment
* Skin testing, if at high risk of tuberculosis
 |
| **36 months/3 years** | Yes | * Behavioral problems
* Developmental problems
* Height, weight and body mass index (BMI)
* Oral health assessment
* Vision
* Skin testing, if at high risk of tuberculosis
 |
| **4 – 6 years** | Yes | * Behavioral problems
* Height, weight and body mass index (BMI)
* Oral health assessment
* Vision
* Hearing
* Skin testing, if at high risk of tuberculosis
 |
| **6 – 10 years** | Yes | * Behavioral problems
* Height, weight and body mass index (BMI)
* Oral health assessment
* Vision
* Skin testing, if at high risk of tuberculosis
* Obesity screening/counseling to improve weight (by primary care physician or referral for comprehensive, intensive behavioral interventions)
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**Preventive Care Services for Children/Adolescents (Ages 11 to 18)**

**Recommendations for screenings/counseling/immunization are made by the health care provider\***

**(\*This is particularly appropriate for genetic testing)**

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| --- | --- | --- | --- | --- |
| **Ages** | **Well Child Exam** | **Screenings****Annually, unless other interval specified or when screening is performed only when patient is at high risk** | **Behavioral and Informational Counseling by a Physician** | **Immunizations and Medications** |
| **11-18** | Yes | * Behavioral problems
* Height, weight and body mass index (BMI)
* Oral health assessment
* Vision (once between ages 11 to 14, once between ages 15 and 17)
* Obesity
 | * Obesity counseling, to improve weight (primary care physician or referral for comprehensive, intensive behavioral intervention)
* Preventive counseling for sexually-transmitted infections (STI), if sexually active
 | * Flu (influenza) – annually
* HPV (human papilloma virus) – between ages 11 – 18 (3 doses)
* Meningococcal – once between ages 11 and 18
* Impregnated nets for mosquito prevention
 |
| **Adolescents** | Yes | * Alcohol and drug use
* Depression
* HIV testing routinely
* Lipid disorders (cholesterol and triglycerides) at 17-18 years, if at high risk

For adolescent females:* Cervical abnormalities (PAP smear, HPV testing), beginning when sexually active
 |